



WASHINGTON STATE  
MILITARY DEPARTMENT  
**EMERGENCY MANAGEMENT DIVISION**  
Camp Murray, Washington 98430-5122

**HAZARD MITIGATION GRANT PROGRAM  
GRANT APPLICATION CHECKLIST  
FEMA- 1361 -DR-WA  
(Nisqually Earthquake February 2001)**

The following **checklist** is designed to help the applicant ensure **ALL** portions of the application are completed. Applicants ***must complete each section listed below*** to be considered for Hazard Mitigation Grant Program (HMGP) funding. HMGP will not evaluate incomplete applications. **If narrative questions are answered on separate sheets, the applicant must label these with the appropriate section and question number.**

*Any questions may be directed to the State Hazard Mitigation Officer at (253) 512-7073.*

Applicant Data	<input type="checkbox"/>
Applicant's Agent Information	<input type="checkbox"/>
Project Description/Site Location Maps (include sections of local plans as needed)	<input type="checkbox"/>
Project Worksheet	<input type="checkbox"/>
Selection of Best Alternative	<input type="checkbox"/>
State and Federal Eligibility	<input type="checkbox"/>
Project Budget and Funding Sources	<input type="checkbox"/>
Project Cost-Effectiveness	<input type="checkbox"/>
Estimated Schedule for Project Completion	<input type="checkbox"/>
Environmental Data	<input type="checkbox"/>
Certifications and Assurances	<input type="checkbox"/>
Resolution Designating the Applicant's Agent	<input type="checkbox"/>

**DATED MATERIAL!!!**

This application **MUST** be received by **September 28, 2001** *to be considered eligible for possible funding.*



WASHINGTON STATE  
MILITARY DEPARTMENT  
**EMERGENCY MANAGEMENT DIVISION**  
Camp Murray, Washington 98430-5122

**HAZARD MITIGATION GRANT PROGRAM**  
**GRANT APPLICATION**  
**FEMA- 1361 -DR-WA (Nisqually Earthquake 2001)**

**SECTION 1**      **APPLICANT DATA**

Applicant Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Basis of Applicant Eligibility:

\_\_\_\_ State Government    \_\_\_\_ Local Government    \_\_\_\_ Special Purpose District    \_\_\_\_ Indian Tribe

\_\_\_\_ Registered Private Nonprofit with Like Government Services

\* If the applicant is an eligible private nonprofit corporation with like-government services, please attach PROOF OF PRIVATE NONPROFIT INCORPORATION AND TAX-EXEMPT STATUS.

**SECTION 2**      **APPLICANT AGENT INFORMATION.**

***A resolution, or other formal method of designation, specifically naming the applicant agent for the hazard mitigation grant program for this disaster must be included in this application in order to be considered eligible.***

The Applicant Agent is the designated contact whom the jurisdiction has authorized to apply for and receive grant funding. **For clear and direct communication, agencies may want to make this the same person who will have project management responsibility if grant funding is awarded.** To provide continuity and ease of grant administration, the Washington State Military Department, Emergency Management Division, would like to work with a single point of contact throughout the application, award, and reimbursement processes. A formal designation of an Applicant's Agent may be made using the enclosed form, or by any method normally used by your jurisdiction.

Please Type Applicant Agent Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

County: \_\_\_\_\_

### **SECTION 3**      **PROJECT DESCRIPTION AND SITE LOCATION MAPS**

A. Project Title: \_\_\_\_\_

B. Project Location: (Legal description [Section/Township/Range] – *attach a site map*)

C. Please provide the Federal Congressional District and the State Legislative District in which the project is physically located:

Federal \_\_\_\_\_ State \_\_\_\_\_

D. Project Goal and Description:

E. Please provide the date of your most recent National Flood Insurance Program (NFIP) “Community Assistance Visit” (CAV): \_\_\_\_\_

Did your community have any CAV/NFIP issues/violations from this visit?      Yes ☐      No ☐

*Please provide certification from the Washington State Department of Ecology NFIP State Coordinator that your community currently has **NO** outstanding NFIP or CAV issues/violations.*

### **SECTION 4**      **PROJECT WORKSHEETS**

Is this site covered under or connected to a Project Worksheet under the (Public Assistance) Repair and Restoration Program of PL 93-288, as amended?      Yes ☐      No ☐

Project Worksheet Number \_\_\_\_\_

If Yes, describe why this mitigation measure was not included as part of the Project.

**NOTE: The following narrative sections are the scored portions of the application. Please make your NARRATIVE answers as concise, but as complete, as possible. Yes/No answers will be considered as "Unanswered" questions. While not every question will apply to each application, applications that fail to answer most questions may not receive a score high enough to receive funding.**

#### Program Clarification

- The Federal Emergency Management Agency will not fund projects that are the primary responsibility of other Federal Agencies such as the U. S. Army Corps of Engineer (USACE), the Natural Resources Conservation Service (NRCS), or the Federal Highway Administration (FHWA), etc. This includes levees, dikes, berms, and other flood control structures or structures that act like flood control structures.
- Projects that have been implemented or completed prior to funding approval by the Federal Emergency Management Agency will be ineligible.

### **UNANSWERED QUESTIONS WILL NOT BE SCORED!**

#### **SECTION 5     SELECTION OF BEST PROJECT ALTERNATIVE**

- A. The Hazard Mitigation Grant Program (HMGP) requires a narrative discussion of at least THREE (3) alternatives (from No Action to the most elaborate practical solution) and their impacts (beneficial and detrimental).

**Describe the process** used in selecting this project over the other possible alternatives and why it represents the best solution to the problem. Use additional sheets if necessary.



**HAZARD MITIGATION GRANT PROGRAM**  
**ALTERNATIVE REVIEW FORM**  
**Part A**  
**PROPOSED ACTION ALTERNATIVE**

**1. Description of Alternative:**

(Please include any appropriate diagrams, sketch maps, discussion on all components and actions, amount of materials and equipment, dimensions of project, and amount of time required to complete):

**2. Project Costs of this Alternative:** \$ \_\_\_\_\_

**3. Benefits of this Alternative:** \$ \_\_\_\_\_

**4. Description of affected environment:**

5. **Briefly describe any positive environmental impacts of the project.** (Use a separate sheet if needed)

6. **Check any potential adverse impacts that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wetlands                  | <input type="checkbox"/> Water Quality      | <input type="checkbox"/> Toxic or Hazardous Substances   |
| <input type="checkbox"/> Floodplain                | <input type="checkbox"/> Health & Safety    | <input type="checkbox"/> Potential for Cumulative Impacts  |
| <input type="checkbox"/> Rare & Endangered Species | <input type="checkbox"/> Fisheries          | <input type="checkbox"/> Critical Areas (coastal zones, wildlife refuge, wilderness, wild & scenic rivers, drinking water aquifers.) |
| <input type="checkbox"/> Historic Resources        | <input type="checkbox"/> Public Controversy |  |

Would this project use unproven technology? ☐ Yes ☐ No

7. **Is there potential for degradation of already poor environmental conditions?** ☐ Yes ☐ No

8. **Is there potential to violate any Federal, State, local, or tribal law or code to protect the environment?** ☐ Yes ☐ No

9. **Briefly describe any of the areas noted in questions 6, 7, or 8.**  
(Please provide documentation as needed.)



**HAZARD MITIGATION GRANT PROGRAM**  
**ALTERNATIVE REVIEW FORM**  
**Part B**  
**SECOND ALTERNATIVE**

**1. Description of Alternative:**

(Please include any appropriate diagrams, sketch maps, discussion on all components and actions, amount of materials and equipment, dimensions of project, and amount of time required to complete):

**2. Project Costs of this Alternative:** \$ \_\_\_\_\_

**3. Benefits of this Alternative:** \$ \_\_\_\_\_

**4. Description of affected environment:**

5. **Briefly describe any positive environmental impacts of the project.** (Use a separate sheet if needed)

6. **Check any potential adverse impacts that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wetlands                  | <input type="checkbox"/> Water Quality      | <input type="checkbox"/> Toxic or Hazardous Substances   |
| <input type="checkbox"/> Floodplain                | <input type="checkbox"/> Health & Safety    | <input type="checkbox"/> Potential for Cumulative Impacts  |
| <input type="checkbox"/> Rare & Endangered Species | <input type="checkbox"/> Fisheries          | <input type="checkbox"/> Critical Areas (coastal zones, wildlife refuge, wilderness, wild & scenic rivers, drinking water aquifers.) |
| <input type="checkbox"/> Historic Resources        | <input type="checkbox"/> Public Controversy |  |

Would this project use unproven technology? ☐ Yes ☐ No

7. **Is there potential for degradation of already poor environmental conditions?** ☐ Yes ☐ No
8. **Is there potential to violate any Federal, State, local, or tribal law or code to protect the environment?** ☐ Yes ☐ No
9. **Briefly describe any of the areas noted in questions 6, 7, or 8.**  
(Please provide documentation as needed.)





**HAZARD MITIGATION GRANT PROGRAM**  
**ALTERNATIVE REVIEW FORM**  
**Part C**  
**NO ACTION ALTERNATIVE**

**1. Description of Alternative:**

(Please include any appropriate diagrams, sketch maps, discussion on all components and actions, amount of materials and equipment, dimensions of project, and amount of time required to complete):

**2. Project Costs of this Alternative:** \$ \_\_\_\_\_

**3. Benefits of this Alternative:** \$ \_\_\_\_\_

**4. Description of affected environment:**

5. **Briefly describe any positive environmental impacts of the project.** (Use a separate sheet if needed)

6. **Check any potential adverse impacts that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Wetlands                  | <input type="checkbox"/> Water Quality      | <input type="checkbox"/> Toxic or Hazardous Substances   |
| <input type="checkbox"/> Floodplain                | <input type="checkbox"/> Health & Safety    | <input type="checkbox"/> Potential for Cumulative Impacts  |
| <input type="checkbox"/> Rare & Endangered Species | <input type="checkbox"/> Fisheries          | <input type="checkbox"/> Critical Areas (coastal zones, wildlife refuge, wilderness, wild & scenic rivers, drinking water aquifers.) |
| <input type="checkbox"/> Historic Resources        | <input type="checkbox"/> Public Controversy |  |

Would this project use unproven technology? ☐ Yes ☐ No

7. **Is there potential for degradation of already poor environmental conditions?** ☐ Yes ☐ No

8. **Is there potential to violate any Federal, State, local, or tribal law or code to protect the environment?** ☐ Yes ☐ No

9. **Briefly describe any of the areas noted in questions 6, 7, or 8.**  
(Please provide documentation as needed.)

## D. ELIGIBILITY REVIEW FOR THE PROPOSED ACTION ALTERNATIVE:

### 1. Acquisition and Relocation Projects only:

For projects that involve the acquisition and/or relocation of homes and structures from the floodplain, the following information is required as part of the environmental analysis and project eligibility review. Additionally, **all homes and structures must be removed/relocated/demolished within 90 days of closing** by the applicant (if the grant is approved).

For each home located outside the identified 100-year flood plain, provide documentation of repetitive damages to the structure, or show the migration of the river, for FEMA to determine the vulnerability of the structure.

- a. Number of homes to be acquired/demolished \_\_\_\_\_  
Please include a photo of each home being considered for acquisition.  
*For any structure 50+ years, include photos of all 4 sides of the building.*
- b. Number of homes to be relocated \_\_\_\_\_  
(Homes must be relocated outside the 100-year floodplain)
- c. Number of homes that have renters \_\_\_\_\_
- d. Amount of Relocation Assistance Required \$ \_\_\_\_\_  
(see relocation assistance worksheet in **Applicant Handbook; Appendix 8**)
- e. Determination of ***Duplication of Benefits*** (DOB). Have any of the ☐ Yes ☐ No  
property owners/renters received disaster benefits from the National  
Flood Insurance Program or other FEMA disaster programs?  
  
Note: Federal funds cannot be used as a match for this program. If individuals have  
received any other benefits, the amount received will be deducted from the final  
appraised value of the home if no repairs have been made. If repairs have been  
made, homeowner must provide copies of receipts.
- f. Determining Fair Market Values of Property
  - (1) Provide a list of the names and addresses of potential acquisition/relocation  
participants. Addresses should reflect the *property to be acquired - not mailing  
addresses.*
  - (2) Include a property specific list of *preliminary* Fair Market Values (FMV) and/or  
Relocation costs.
  - (3) Describe how the initial property values were determined.
- g. Please *include a plat map* indicating locations of homes to be acquired/relocated.

Please use the following chart to identify all of the potential acquisitions/elevations that might be in your project. This data is necessary to complete the initial eligibility review. You must also illustrate how the properties were prioritized (elevation/high water mark/amount of damage, etc.). *It is strongly advised to develop an alternate list of potential acquisitions. Oftentimes, owners change their mind, or, less frequently, projects costs are lower than anticipated and more homes can be included in the project. List **all** of the potential acquisitions, including alternates.*

Address	Owner's Name	Estimated Fair Market Value	Date of Construction	NFIP Policy #	Located in floodplain (y/n)	Current Damage	Previous Damage

## 2. Review for All Types of Projects

### a. Historic & archaeological resources (Public Law 96-515, Sect 106)

(1) Are there any archaeologically-significant resources on or near the site? ☐ Yes ☐ No

(2) Are there any potential historically-significant structures in the project area (structures 50 years or older)? For each of these a determination by FEMA must be made regarding the *potential* to be historically significant. ☐ Yes ☐ No

\* Good quality photos of all four sides of each structure should be submitted with the application to reduce the review time required by the State Historical & Preservation Officer.

(3) For any structure 50 years or older, provide the date/age of the building and whether it has been remodeled. Also provide any other historical knowledge of the site.

### b. Is there concentrations of minority or low income populations in or near the project area? (Executive Order 12898)

☐ Yes ☐ No

Would they be disproportionately impacted by this project?

☐ Yes ☐ No

\* Examples of impacts: **1)** Displacement, regardless of how many people displaced, either from employment or from residence, whether temporary or not. **2)** Removal of a structure, such as a bridge or road, that provides an alternate route for the community's ingress and egress. ***If there will be and impact(s), discuss how the project will provide sufficient benefit to outweigh the described impact.***

### c. Floodplain management & wetland protection

(1) Is the project located in or does it impact a floodplain? ☐ Yes ☐ No

(2) Is the project located in or does it impact a wetland? ☐ Yes ☐ No

(3) Using the 8-Step Checklist found at the end of this application, please *detail* compliance with Executive Orders 11988 (Floodplain Management) and 11990 (Wetland Protection).

**The 8-Step Checklist is *not* optional should any part of the proposed project be located in the 100-year floodplain or contain wetlands. Delaying this process, such as the requisite public notice, can later delay the start of the project, if approved.**

(4) Describe any outstanding issues of compliance with Executive Orders 11988 and 11990.

### d. Are there any toxic or hazardous substances in the project area? (Including underground storage tanks, above ground storage tanks, septic systems or other potential contaminants). ***A waiver of liability form will be required for contamination from such tanks prior to closing.***

☐ Yes ☐ No

### e. Include a plat map indicating location(s) of project area.

- f. **(NEMIS) Project Close out Data Requirements.** The following data will be required on “each” property/structure acquired, relocated, elevated, or retrofitted as part of this project. In order to expedite the project close out phase of this project, it is strongly suggested that you acquire this data now as part of your application process.

<b><u>Property Site Inventory</u></b>
<b>1. Homeowner Information</b>
Name:
Address (including City, State, and Zip):
Title Holder – Post Mitigation:
<b>2. Property Information</b>
NFIP Policy Number:
Damage Source:
Flood Zone:
Structure Type: Single _____ 2-4 Family _____ Multi-Family _____ Manufactured Home _____ Private Non-Residence _____ Public Non-Residence _____ Other _____
Foundation Type: Basement _____ Crawl Space _____ Elevated on _____ Piers, Posts, Piles _____ Or Columns _____ Slab on Grade _____ Other _____

<b>Property Action:</b>	
Acquisition/Demolition	_____
Acquisition/Relocation	_____
Elevation	_____
Flood-proofed	_____
Seismic Retrofit	_____
Wind Retrofit	_____
Other	_____
<b>3. National Flood Insurance Program Information</b>	
Repetitive Loss Structure:      Yes____, No____, Unknown____ (2 or more insured NFIP losses)	
If property site is a Repetitive Loss Structure then specify which category:	
2-3 insured losses cumulatively <= building fair market value _____	
2-3 insured losses cumulatively > building fair market value _____	
4 or more insured losses since 1978 _____	
Extensions (if entered)	

## E. NOTIFICATION AND PUBLIC INVOLVEMENT

1. The National Environmental Policy Act (NEPA) requires public notification and involvement in the development of alternatives and selection of the proposed action alternative. Describe and **provide documentation** (examples: notices, meeting minutes, flyers) of the **recent public involvement** (involvement since the disaster was declared) in the alternative development and selection process, especially those individuals that this project may impact. Projects that do not have this documentation before submittal of the application will not be considered for funding.
2. Please provide documentation of any communications your agency has had with other federal, state, local, or tribal agencies regarding the planning and impact of alternatives. Please provide the name of the agency and contact person, phone number, and any other documentation you may have. (Attach a separate sheet if needed). Jurisdictions that fail to communicate with other potentially impacted jurisdictions (i.e. tribes, counties or cities) will not be considered for funding.

### EXAMPLES:

- 1) If your project will require an HPA, you must provide documentation from the Washington Department of Fish and Wildlife that they have at the least been initially consulted and that, as submitted, the Proposed Action Alternative qualifies and is within the requisite criteria to obtain an HPA.
- 2) If your project will impact DNR lands, tribal trust lands, or other non-applicant lands, you must provide documentation from the impacted property owner that an easement, or other conveyance, will be provided.

## G. EFFECT OF NON-SELECTION

If a Hazard Mitigation grant is not provided, or delayed, what impact will this have on the timing of your project? How will this affect your ability to use alternate funds committed to this project?



## **SECTION 6**      **STATE AND FEDERAL ELIGIBILITY.**

### **FEDERAL CRITERIA - FEDERAL GOALS AND OBJECTIVES**

Federal regulations governing the Hazard Mitigation Grant Program (44 CFR Part 206 Subpart N Section 206.434 and 206.435) establish the minimum criteria that proposed projects must meet to be eligible for grant funding.

### **STATE CRITERIA - STATE GOALS AND OBJECTIVES**

The State of Washington has established the following damage reduction goals:

- Save lives and reduce public exposure to risk
- Reduce or prevent damage to public and private property
- Reduce adverse environmental or natural resource impacts
- Reduce the financial impact on public agencies and society

The questions in this section relate to specific objectives that the state and federal government wish to accomplish through the Hazard Mitigation Grant Program. To determine whether your proposal meets the minimum state and federal criteria, the state must have a **clear and detailed written response** to each item below. Answer the following questions **completely** (on separate sheets if needed) to **show** that this project meets minimum federal (f) and state (s) eligibility criteria. The state cannot consider projects that do not meet the applicable criteria.

#### **A.      APPLICANT'S NARRATIVE RESPONSE**

- F.      Does your jurisdiction have a local hazard reduction plan/strategy? If you have a plan, is this proposed project identified within it? (s)
2.      Describe how this project will protect lives and reduce public risk.(f)(s)
3.      Describe how this project will reduce the level of hazard damage vulnerability in existing structures and developed areas. (f)(s)
4.      Describe how this project will reduce the number of vulnerable structures through acquisition or relocation. Describe your jurisdiction's plans for the acquired property (open space, etc.) (s)

5. Describe how this project will avoid inappropriate future development in areas that are vulnerable to hazard damage. (example: floodways, liquefaction zones) (s)
  
6. Describe how the project will solve a problem independently, or function as a beneficial part of an overall solution. (If part of a larger project, **assurance must be provided with the application that the overall project will be completed.**) (f)
  
7. Describe how this project will provide a cooperative, inter-jurisdictional or inter-agency solution to the problem. (s)
  
8. Demonstrate that this project will provide a long-term mitigation solution (not a short-term fix) in locations that experience repetitive hazard damage. (f)(s)
  
9. Show how this project will address emerging hazard damage issues (such as the damage caused by storm water runoff at build-out densities, trees in right-of-ways, etc, identification of new EQ fault lines.). (f)(s)

10. Describe how this project will restore or protect natural resource, recreational, open space, or other environmental values. (s)
  
11. Describe your jurisdiction's implementation of **all** ordinances, standards, and/or regulations that identify and address disaster-related hazards, and which serve to reduce future hazards. This can include local land-use ordinances, a local hazard mitigation plan, or the completion of your community's Critical Areas Ordinance, as required by the Growth Management Act. (s)
  
12. Describe how your jurisdiction is increasing public awareness of hazards, preventive measures, and emergency responses to DISASTERS. (s)
  
13. Describe how the project, upon completion, will have affordable operation and maintenance costs that the applicant jurisdiction is committed to support. (f)
  
14. Describe how the proposed project improves your jurisdiction's ability to protect its critical areas, as required by the Growth Management Act? (s)

The following information applies to the PROPOSED ACTION alternative only.

**SECTION 7 PROJECT BUDGET AND FUNDING SOURCES.**

**A. Estimated Total Project Costs:**

Preliminary Engineering Report	\$ _____
Design Engineering (P.S.E.)	\$ _____
Land / R-O-W Acquisition (Itemize each home involved in acquisition, relocation or elevations)	\$ _____
appraisal costs	\$ _____
demolition costs	\$ _____
closing costs	\$ _____
relocation assistance	\$ _____
legal costs	\$ _____
Relocation Costs	\$ _____
Sales or Use Tax	\$ _____
Inspection/Construction	\$ _____
Construction	\$ _____
Other: _____ (specify)	\$ _____
	_____
<b>TOTAL PROJECT COSTS:</b>	<b>\$ _____</b>

(Should be the same as Proposed Action Alternative Costs)

NOTE: Costs associated with administering this grant will be funded separately from project costs and will be reimbursed as a percentage of the eligible costs as established in PL 93-288 as amended by PL 100-707, and according to Section 206.439.44 CFR. Reimbursements for direct costs are as follows:

- For the first \$100,000 of net eligible costs, 3 percent of approved costs.
- For the next \$900,000 of net eligible costs, 2 percent of approved costs.
- For the next \$4,000,000 of net eligible costs, 1 percent of approved costs.
- For net eligible costs equaling \$5,000,000 or more, 1/2 percent of such costs.

**Do not include administrative costs as part of your grant request.**

## B. Applicant Funding Source(s)

The Hazard Mitigation Grant Program is a grant reimbursement program. Jurisdictions must have sufficient resources to assure completion of the project, including any cost overruns.

Please identify the source(s) of your local share of the project costs. This application is **INCOMPLETE** if local share is not specified, OR if insufficient local share is identified.

General Funds	\$	_____
Capital Reserves	\$	_____
Federal, State, or Private Loans	\$	_____
Rates	\$	_____
Assessments (ULIDs, LIDs, RIDs)	\$	_____
Special Levies	\$	_____
Other (specifiy)	\$	_____
Total Applicant Funds	\$	_____
Applicant Participation Funding Percentage		_____

\* Required Local Share is a minimum of 12.5% of HMGP Project Costs on page 17. If your total project costs are over any funding caps that may have been established for this disaster event, you must identify sufficient local share to cover any additional costs in order to be eligible for consideration for funding.

\* The local Share must come from a non-federal Source (with the exception of Community Development Block Grant funds).

## C. Non-Applicant (Outside Sources) Project Funds

1. Sometimes HMGP projects are part of a larger project, or a community is seeking outside assistance to meet their HMGP match requirements. Please identify any other funding you have **APPLIED** for and the status of that application or award (verified in writing whenever possible). If you have not applied for other funding sources, please explain why.
2. If the HMGP project is **part of a larger project**, or if you have outside funds committed as part of your local match, please identify these funds.

We realize that applicants often fund projects in phases and that a Hazard Mitigation Grant may fund just one element or aspect of the project. Also, applicants often package funds from other grant or loan programs to provide complete funding of an entire project. **(DO NOT include any of your requested HMGP funds as part of this section)**

Sources of Funds	Amount	Local Match
<b>Federal</b> From:		
<b>State</b> From:		
<b>Other</b> From:		
TOTAL Non-Applicant Funds		

If applicable, describe **any constraints or conditions** on the sources listed above.

## **SECTION 8 PROJECT COST-EFFECTIVENESS.**

**Failure to provide information in the following SECTION 8 will result in disqualification.**

To fund Hazard Mitigation Grant projects, the federal government requires that **the project's benefits, over the life of the project, exceed the project's costs.** Life of the project, or, life-cycle costs, includes the construction, operation, and maintenance costs that will occur over the life of the project. Examples of benefits include avoided damages; cumulative damage costs of the protected property over the life of the project; and past actual damages. Applicant can address "subsequent negative impacts", which can, in some cases, be considered a benefit. These may include estimated loss of value for the private and public property, if project is not completed; reduced maintenance costs; loss of future revenue; estimates of income lost, or wages lost, through road closures and other impacts. These estimated benefits must be justifiable through discussion of past documented damages, and a likelihood of future disaster-related damages.

Please explain on a separate page, if needed, how you arrived at these benefits.

**A. Cost-to-Benefit Narrative**

Please discuss each of the following issues:

1. What is the project life in years?

**COSTS**

2. Describe the life-cycle cost of the proposed project.  
(This is the O & M costs only for the entire life of the project.)
3. What is the value of the property that the proposed project will protect (describe)?
4. What are the specific **documented** damage amounts during the recent declared event that you can attribute to the lack of this project?
5. What are the specific **documented** damage amounts during past events that you can attribute to the lack of this project? Identify how often each one of these events occurs.

## BENEFITS

6. What is the dollar amount (estimated) of damage and associated costs that **you would prevent** as a direct result of the proposed project over its useful life?
  
7. What is the estimated damages associated with subsequent negative impacts, using a unit of assigned value. This could include several impacts, such as estimated future loss of revenue (unit could be per day or per week, for example); loss of property values (unit could be a percentage per event) e.g., Road closed, with no access, for 5 days. Estimated costs to neighborhood for lost wages, etc., is \$3570 a day x 5 days = \$17,850.00.
  
8. Identify displacement costs, including costs for lodging and meals; evacuation costs; charges by Red Cross or other emergency services, etc.
  
9. For potential acquisition projects that involve landslides - provide the "enclosed, heated square footage" and the estimated fair market value for **each** home to be acquired.



**B. Cost-To-Benefit Data:**

The following basic information is needed to run a Cost/Benefit Analysis. This worksheet relates to all HMGP projects, even non-flood related. All items may not be applicable, such as Displacement Costs. **Failure to complete this worksheet will make your application incomplete and ineligible.**

**COST/BENEFIT INPUT WORKSHEET**

Total Project Cost:		Annual Maintenance Costs: (After project is completed)	
Project Life in Years:		Total Costs of all Past Disasters:	
Effectiveness of Project: (i.e. 100% in a 100 year flood):		Total Displacement Costs: (Rent, Evacuation, Red Cross, etc.)	
Repair Costs to Pre-disaster Condition: (Most recent event only)		Established Frequency of Recent Event: (Event causing damages)	

**C. Frequency and Cost of Disaster-Related Damages in the Area to be Protected by the Project.**

Give the estimated damages that can be expected in a particular event frequency. Then continue to fill in using other appropriate event frequencies (This is not how often the damage occurs, but the assigned event frequency 25-year, 50-year, etc.). Change the event frequencies to match your jurisdiction's events.

*These estimates **must** be based on actual past documented damages of the area this project will protect.*

Event Frequency (years) (use numbers that fit your situation)	Estimated Damages expected before Mitigation (per event)
Example: 10-year	\$45,000 in damages
25-year	\$55,000 in damages
30-year	\$75,000 in damages

## **SECTION 9**      **ESTIMATED SCHEDULE FOR PROJECT COMPLETION**

It is our desire for projects to move quickly in all phases of the grant process. Those projects that cannot begin shortly after funding approval by FEMA may not be funded. FEMA requires the project be completed within 24 months of funding approval. Estimate the month and year when the activities listed were, or will be, completed. While this is only an estimate (the HMGP cannot predict the actual time it will take for FEMA to approve funding of projects), if approved and funded, you will be held to the overall timelines as established in this section, as this is a scored element of the application.

	<b><u>Estimated Completion Date</u></b>
Grant Agreement Signed	_____
Preliminary Engineering Report	_____
Required Permits Obtained	_____
Design Engineering	_____
Land R/W Acquisition	_____
Prepare Bid Documents	_____
Award Construction Contract	_____
Begin Construction	_____
Complete Construction	_____
Project in Use	_____
Total Time Required to Complete this Project	_____

## **SECTION 10 ENVIRONMENTAL DATA CHECKLIST.**

Applicants are responsible for compliance with all applicable federal, state, and local regulations, codes, and standards and for securing the necessary permits and approvals. The State of Washington will require a CURRENT SEPA Checklist or Determination of Non-Significance for the project if it is selected for FEMA funding recommendation. We will require a short turn-around at that point, so it is to your advantage to begin the process now.

*Projects funded under the Hazard Mitigation Grant Program must comply with all appropriate environmental regulations. This includes compliance with the National Environmental Policy Act (NEPA PL 91-190, as amended), and all of the federal laws covered within this Act. Some of which include Executive Order 11988 (Floodplain Management), Executive Order 11990 (Protection of Wetlands), E.O. 12898 Environmental Justice, the Clean Air Act and the Clean Water Act.*

### **A. SEPA COMPLIANCE (WAC 197-11)**

1. Will there be a **Determination of Non-Significance or Claim for Categorical Exemption** for this project?  
  
DNS: YES ☐ NO ☐  
CE: YES ☐ NO ☐
2. If you have a completed **Environmental Checklist** or **Determination of Non-Significance**, please include it as part of your application.
3. If you claim a **Categorical Exemption** under SEPA regulations, please cite the sections of your SEPA procedures, or the section of WAC under which you claim exemption.
4. Please describe the categorical exemption in adequate detail for evaluation:

### **B. HYDRAULIC CODE COMPLIANCE (RCW 75.20.100-140)**

1. Is your proposed project located below the Ordinary High Water Line in the bed of any salt or fresh water of the state? YES ☐ NO ☐
2. If your answer is YES, you are responsible for contacting the Department of Fish and Wildlife to find out whether they will require a Hydraulic Project Approval for your proposed work. **We will require proof of application before grant funding can be advanced.**

**C. SHORELINE MANAGEMENT ACT COMPLIANCE (RCW 90.58)**

1. Is your proposed project located within the boundaries of the Shoreline Management Act (Including but not limited to: within 200 feet of: any marine shoreline or associated wetland; the banks or associated wetlands of any stream with a flow of 20 cubic feet per second or greater; or the shoreline or associated wetland of any lake 20 acres in size or larger in any of the 15 counties west of the crest of the Cascade Mountain range)?

YES ☐ NO ☐

2. If you answer YES and your proposal is selected, you will need to apply for a **Shoreline Permit** from the appropriate unit of government and submit a copy of the permit, or exemption, before release of any funding.

**D. WETLANDS DISCLOSURE (Governor's Executive Order 90-04)**

1. Is there a wetland, as defined by either the U.S. Fish and Wildlife Service or the Clean Water Act, on the site or within the immediate vicinity?

YES ☐ NO ☐

2. If you answer YES to the above question, we will require that you comply with the Governor's Executive Order 90-04. This may include the preparation and Department of Ecology's approval of a **WETLANDS COMPENSATORY MITIGATION PLAN**. If applicable, the Department of Ecology must approve the plan before we approve HMGP funds. Please indicate what actions, if appropriate, you are taking concerning wetlands.

**E. FLOODPLAIN DISCLOSURE (RCW 86-16)**

1. Is your proposed project in a floodplain designated on a FEMA Flood Insurance Rate Map?

YES ☐ NO ☐

2. If you answer YES, please identify the following:

FEMA Flood Insurance Panel Number: \_\_\_\_\_

FEMA Flood Insurance Rate Map Zone Designation \_\_\_\_\_

Is your jurisdiction a participant in good standing in the National Flood Insurance Program?

YES ☐ NO ☐

**F. PUGET SOUND BASIN DISCLOSURE (RCW 90.70)**

1. Is your proposed project in, or part of, a drainage basin that drains into Puget Sound (identified in RCW 90.70.005 as all salt waters east of Port Angeles and south of the international boundary line)?  
YES ☐ NO ☐
2. If you answer YES, please identify the basin and sub-basin.

**G. CRITICAL AREAS DISCLOSURE (RCW 36.70A)**

The Growth Management Act requires all cities and counties in the state to designate critical areas (RCW 36.70.70A.179(1)(a)) and to adopt development regulations that will protect them (RCW 36.70A.060(2)).

1. Is your proposed project in any of the "**Critical Area**" classifications identified in Washington State's Growth Management Act? These areas include: Wetlands, Aquifer Recharge Areas, Frequently Flooded Areas, Geologically Hazardous Areas such as landslide, erosion, alluvial fan, seismically active, or volcanic areas, and Fish and Wildlife Habitat Areas.  
YES ☐ NO ☐
2. If you answer YES, please identify the critical area category(s).
3. If your proposed project is in a designated critical area, please explain if and how it will contribute to further development in the area.

**H. CODE COMPLIANCE ASSURANCE**

1. Will your project meet all applicable codes and standards for the area in which it is located?  
YES ☐ NO ☐
2. If you answer NO, please describe on a separate sheet the exemptions or variances that will be required.

## I. REGIONAL OR BASIN-WIDE PLANNING

1. How has your jurisdiction coordinated the planning and possible impacts of this project with neighboring jurisdictions (counties, cities, states, etc.)? Please explain.
2. Will this project affect upstream/downstream/neighboring jurisdictions? Explain, in detail, to what extent this affect will be, and why the problem has not been addressed in the past, either by your jurisdiction or inter-jurisdictionally with the other interests?

## **SECTION 11      CERTIFICATIONS AND ASSURANCES.**

As the duly authorized agent of the applicant, I certify that the information provided in this application is true and correct. I further assure that the applicant will comply with all applicable state and federal regulations concerning the Hazard Mitigation Grant Program. I will obtain all necessary permits and approvals if the proposed project is awarded Hazard Mitigation Grant funds. I recognize that failure to comply with all of the applicable state and federal regulations may be grounds for the revocation of current, or the denial of future, Hazard Mitigation Grant Program funding.

For projects that involve elevation of individual homes and structures, we must get applicable plans and permits. A building official currently certified by applicable code organizations (ICBO, etc.) must accomplish final certification of the elevation portion of the project.

For projects that involve the acquisition/relocation of properties in the floodplain, the following eligibility criteria and assurances from 44 CFR § 206.434 (d) apply:

- A. We will convey the following restrictive covenants in the deed of any property acquired, accepted, or from which structures are removed (hereafter called the property).
  - 1. The property will be dedicated and maintained in perpetuity for uses compatible with open space, recreational, or wetlands management practices.
  - 2. No new structure(s) will be built on the property except as indicated below:
    - a. A public facility that is open on all sides and functionally related to a designated open space or recreation use;
    - b. A restroom; or
    - c. A structure that is compatible with open space, recreational, or wetlands management usage and proper floodplain management policies and practices that the Director approves in writing before the construction of the structure begins.
  - 3. After completion of the project, we will not apply for additional DISASTER assistance for any purpose with respect to the property to any federal entity or source, and no federal entity or source will provide such assistance.
- B. In general allowable open space, recreational, and wetland management uses include parks for outdoor recreational activities, nature reserves, cultivation, grazing, camping (except where adequate warning time is not available to allow evacuation), temporary storage in the open of wheeled vehicles that are easily movable (except mobile homes), unimproved, previous parking lots, and buffer zones.
- C. Any structures built on the property will be flood proofed or elevated to the Base Flood Elevation plus one foot of freeboard.

If our jurisdiction does not currently have a local hazard reduction plan or strategy, I certify our agreement that if selected for a HMGP grant one will be developed within 24 months of approval of the grant.

I further certify that the proposed project has been reviewed by the applicable planning director/department and found consistent with our adopted comprehensive plan and development regulations. I understand that failure to comply with these conditions following the acceptance of any grant funds will cause the funds to be eligible for an immediate recapture by the State of Washington.

**Authorized Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **SECTION 12 RESOLUTION DESIGNATING APPLICANT AGENT**

For the State of Washington Hazard Mitigation Grant Program Application

**BE IT RESOLVED THAT** \_\_\_\_\_

(Print Name and Title)

OR HIS/HER ALTERNATE: \_\_\_\_\_

(Print Name and Title)

is hereby authorized to execute for and on behalf of \_\_\_\_\_, a local government entity, state agency, special purpose district, or private nonprofit organization established under the laws of the State of Washington, this application and to file in the Military Department, Emergency Management Division for the purpose of obtaining certain federal and state financial assistance under Section 404 of P.L. 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Act of 1988.

**THAT** the \_\_\_\_\_ hereby authorizes its agent to provide to the State Emergency Management Division for all matters concerning such state disaster mitigation assistance the assurances and agreements required.

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature and Title)

### **CERTIFICATION**

I, \_\_\_\_\_ (Name) duly appointed as \_\_\_\_\_ (Title)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the

\_\_\_\_\_ of the \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)



---

**EXECUTIVE ORDER 11988 & 11990 CHECKLIST**  
**EO - 11988 FLOOD PLAIN MANAGEMENT & EO 11990 - WETLAND PROTECTION**

---

- STEP 1.** Determine whether the proposed action is located in a wetland and/or the 100 year floodplain (500 year floodplain for critical actions), or whether it has the potential to affect or be affected by a floodplain or a wetland.
- STEP 2.** Notify the public at the earliest possible time of the intent to carry out an action in a floodplain or wetland, and involve the affected and interested public in the decision-making process.
- STEP 3.** Identify and evaluate practicable alternatives to locating the proposed action in a floodplain or wetland (including alternative sites, actions and the No action option). If a practicable alternative exists outside the floodplain or wetland, FEMA must locate the action at the alternative site.
- STEP 4.** Identify the full range or potential direct or indirect impacts associated with the occupancy or modification of floodplains and wetlands and the potential direct and indirect support of floodplain and wetland development that could result from the proposed action.
- STEP 5.** Minimize the potential adverse impacts and support to or within floodplains and wetlands to be identified under step 4, restore and preserve the natural and beneficial values served by floodplains, and preserve and enhance the natural and beneficial values served by wetlands.
- STEP 6.** Reevaluate the proposed action to determine first, if it is still practicable in light of its exposure to flood hazards, the extent to which it will aggravate the hazards to others, and its potential to disrupt floodplain and wetland values. Second, if alternatives rejected at step 3 are practicable in light of the information gained in steps 4 and 5. FEMA shall not act in a floodplain or wetland unless it is the only practicable location.
- STEP 7.** Prepare and provide the public with a finding and public explanation of any final decision that the floodplain or wetland is the only practicable alternative.
- STEP 8.** Review the implementation and post-implementation phases of the proposed action to ensure that the requirements of the order are fully implemented. Oversight responsibility shall be integrated into existing processes.